



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 145394		2. Exact name of the Corporation DJL REAL ESTATE INC.			
3. Principal Office Address 75 BEAGLE DRIVE			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▼</div>	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE REFERRALS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JENNIFER O'HORA LAWRENCE			Vice-President Name FRANK LAWRENCE, JR.		
Street Address 75 BEAGLE DRIVE			Street Address 80 CRESCENDO DRIVE		
City MIDDLETOWN	State RI	Zip 02842	City WARWICK	State RI	Zip 02889
Secretary Name DAVID J. LAWRENCE			Treasurer Name JENNIFER O'HORA LAWRENCE		
Street Address 75 BEAGLE DRIVE			Street Address 75 BEAGLE DRIVE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			500	COMMON	NO PAR
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <i>JENNIFER O'HORA LAWRENCE</i>				Date <i>04/04/2017</i>	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 APR 14 2017
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